

Student Refund Request Form

This form is used to request a refund of all or partial program fees. It must be completed and submitted to EIM Training Administration. Requests will be responded to within 14 days of submitting this form. EIM Training reserves the right to refuse a Refund Request.

Given Name:			Surname	Surname:				
Address:								
Contact Number:			Email:	Email:				
Current Qualification Name:								
Total Amount of Program Fees Paid to Date:			Refund b	Amount of Refund being Requested:				
Original Payment Method:	☐ Credit Card		☐ Dire	☐ Direct Debit		☐ Cash		
Reason for Refund Request:								
Print Name: Signature:			Date:					
If the refund is approv	ved the paym	I the payment will be processed wit			n 60 days to the nominated account:			
Direct Deposit into Ba	nk BSB No:	BSB No:		Bank Name				
Account:	Accour	Account No:		Account No		ıme:		
EIM OFFICE USE ONLY								
Date Request Received:			Request Ap	Request Approved:		S	□ No	
Refund Amount Approved:				Refund Requested to Finance:		S	□ No	
Name of EIM Approval Officer:			Signature:	Signature:				
Notes:								
Attached Letter of Response:	□ Yes □ No			Uploaded into Student Refund		S	□ No	
Updated in MYOB:	☐ Yes			□ No				

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